



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Ennistymon Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Dough, Ennistymon, Clare
Type of inspection:	Unannounced
Date of inspection:	17 May 2023
Centre ID:	OSV-0000608
Fieldwork ID:	MON-0039624

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Ennistymon Community Hospital is operated by the Health Service Executive (HSE). The building is situated in a rural setting close to the town of Ennistymon. The centre can accommodate 27 residents. The service provides 24-hour nursing care to both male and female residents. Long-term care, short stay and palliative care is provided mainly to older adults. Bedroom accommodation is provided in single, twin and four bedded rooms. All bedrooms have en suite shower and toilet facilities. There is a variety of communal day spaces available to residents including day room, dining room, front conservatory, visitors room, oratory, historical area and memory lane village. Residents have access to an enclosed garden courtyard area.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	21
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How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 17 May 2023	09:55hrs to 17:25hrs	Fiona Cawley	Lead

What residents told us and what inspectors observed

From what residents told the inspector, and from what the inspector observed, there was evidence that residents living in this centre were supported to enjoy a good quality of life. Feedback from residents was that staff were kind, caring and attentive to their needs. Staff were observed to deliver care and support to residents which was kind and respectful, and in line with their assessed needs.

This unannounced risk inspection was carried out over one day. There were 21 residents accommodated in the centre on the day of the inspection and six vacancies.

Following an introductory meeting, the inspector completed a tour of the centre with the person in charge. Residents were observed to be up and about in the various areas of the centre. Some residents were relaxing in the day room, while others were resting in their bedrooms. A number of residents were observed moving freely around the centre. The inspector observed that other residents were having their care needs attended to by staff. While staff were seen to be busy assisting residents with their care needs, the inspector observed that care and support was delivered in an unhurried and relaxed manner. It was evident that residents' choices and preferences in their daily routines were respected.

Ennistymon Community Hospital, which provided accommodation for 27 residents, was a two-storey building located on the outskirts of Ennistymon, County Clare. The living and accommodation areas were on the ground floor. Residents' bedrooms were bright and spacious, and provided residents with sufficient space to live comfortably, and with adequate space to store personal belongings. Many residents had decorated their rooms with items of personal significance, including ornaments and pictures. Residents had access to a number of communal areas including a day room, dining room, library, conservatory, visitors' room and an oratory. Residents commented on the beautiful views of the local landscape which could be seen from many of the communal areas and bedrooms. All areas were found to be appropriately decorated, with communal rooms observed to be suitably styled to create a homely environment.

There was a reminiscence area, Memory Lane, which contained a number of features designed to resemble areas of significance around the town of Ennistymon. This area included a coffee shop, cinema area, and a Men's Shed activity area. There was also a seating area in the centre which was dedicated to the history of the original building which dated back to the 1800's.

The premises was laid out to meet the needs of residents, and to encourage and aid independence. The centre was very clean, tidy, and well maintained. There was a sufficient number of toilets and bathroom facilities available to residents. Corridors were sufficiently wide to accommodate residents with walking aids, and there were appropriate handrails available to assist residents to mobilise safely. The centre was

bright, warm, and well ventilated throughout. There was safe, unrestricted access to an outdoor area for residents to use which contained a variety of suitable seating areas and seasonal plants.

Friendly conversations were overheard between residents and staff, and there was relaxed, happy atmosphere in the centre throughout the day. Residents were observed to be content as they went about their daily lives. As the day progressed, the majority of residents were observed in the day room, listening to music, chatting to one another and staff, or participating in activities. Other residents were observed sitting quietly, relaxing, and watching the comings and goings in the centre. A small number of residents chose to spend time in their bedrooms.

The inspector chatted and interacted with a large number of residents during the course of the inspection. Residents were happy to tell the inspector about life in the centre. When asked what it was like to live in the centre, one resident told the inspector that they were 'a new person' since they moved there. They said that they had been in many places in the past but that this centre was 'unbelievable', and they had 'nothing but the height of praise for it'. Another resident told the inspector that 'it couldn't be better, everything is terrific and the staff are very obliging and kind'. Residents told the inspector that they were happy with their bedrooms which were comfortable and suitable for their needs. There were a number of residents who sat quietly in the day room and who were unable to speak with the inspector. These residents were observed to be comfortable and content in their surroundings.

There were opportunities for residents to participate in recreational activities of their choice and ability. There was a schedule of activities in place which included, exercises, singing, arts and crafts and bingo. The inspector observed residents participate in an exercise session in the morning, and a sing-along in the afternoon which they appeared to enjoy. Mass was also celebrated in the day room on the morning of the inspection. Residents also had access to television, radio, internet, newspapers and books.

The dining experience was observed to be a social, relaxed occasion, and the inspector saw that the food was appetising and well presented. Residents were assisted by staff, where required, in a sensitive and discreet manner. Other residents were supported to enjoy their meals independently. Residents told the inspector that they had a choice of meals and drinks available to them every day, and they were very complimentary about the quality of food. A small group of residents who had lunch in the Memory Lane coffee shop told the inspector that they enjoyed using the space as it resembled a real café. One resident said that 'it was as good as any restaurant'.

Staff supervised communal areas appropriately, and those residents who chose to remain in their rooms, or who were unable to join the communal areas were monitored by staff throughout the day. Staff who spoke with the inspector were knowledgeable about the residents and their needs. The inspector observed that residents had their personal care needs delivered to a good standard.

Friends and families were facilitated to visit residents, and the inspector observed many visitors coming and going throughout the day. The inspector spoke with three visitors who were complimentary about staff and the care received by their loved ones in the centre. One visitor told the inspector that the centre was 'wonderful' and that their relative was 'happy and you can't ask for more than that'.

In summary, residents were receiving a good service from a responsive team of staff delivering safe and appropriate person-centred care and support to residents.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered. The levels of compliance are detailed under the individual regulations.

Capacity and capability

This was an unannounced risk inspection, carried out by an inspector of social services, to monitor compliance with the Health Act 2007 (Care and welfare of residents in Designated Centres for older people) Regulations 2013 (as amended). The inspector reviewed the action taken by the provider to address previously identified areas of non-compliance found on the previous inspection in May 2022.

The inspector found that this was a well-managed centre. The findings of the inspection reflected a commitment from the provider to ongoing quality improvement that would continue to enhance the daily lives of residents. The governance and management of the designated centre was well organised, and there were sufficient resources available to ensure the quality and safety of the services provided to residents were of a good standard. The provider had addressed the actions required following the last inspection in respect of governance and management, records, and written policies and procedures.

The provider of this centre was the Health Service Executive (HSE). There was a clearly defined management structure in place, with identified lines of authority and accountability. The director of nursing, who was the person in charge, facilitated this inspection. They demonstrated an understanding of their role and responsibility, and were a visible presence in the centre. They were supported in this role by two clinical nurse managers, and a full complement of staff, including nursing and care staff, housekeeping, catering, administrative and maintenance staff. Management support was also provided by the general manager for Older Person Residential Services.

The provider had management systems in place to monitor and review the quality of the service provided for the residents. A range of clinical and environmental audits had been completed by the person in charge. These audits reviewed practices such as, care planning, the use of restraint, medication management, and infection control. Where areas for improvement were identified, action plans were developed

and completed. In addition, key aspects of the quality of the service were collected and reviewed by the person in charge on a monthly basis. This included data collection in relation to falls, wounds, weight loss, antibiotic use, complaints, deaths and other significant events. An annual review of the quality and safety of the services had been completed for 2022, and included a quality improvement plan for 2023.

On the day of the inspection, there were sufficient numbers of suitably qualified staff available to support residents' assessed needs. The team providing direct care to residents consisted of at least one registered nurse on duty at all times and a team of care assistants. Staff had the required skills, competencies and experience to fulfil their roles. Staff were observed to be interacting in a positive and considerate way with residents. Teamwork was evident throughout the day. The person in charge provided clinical supervision and support to all the staff. There were systems in place to ensure appropriate deputising arrangements, in the absence of the person in charge.

There were effective communication systems in the centre. Minutes of staff meetings reviewed by the inspector showed that a range of topics were discussed such as health and safety issues, the risk register, infection control, audits and other relevant management issues.

Policies and procedures were available in the centre, providing staff with guidance on how to deliver safe care to the residents.

Staff had access to education and training, appropriate to their role. This included fire safety, manual handling, safeguarding, managing behaviour that is challenging, and infection prevention and control training.

The provider had contracts for the provision of services in place for residents, which detailed the terms on which they resided in the centre.

There was an effective system of risk management in the centre. The centre had a risk register which identified clinical and environmental risks, and the controls required to mitigate those risks. Arrangements for the identification and recording of incidents was in place.

Regulation 15: Staffing

There was sufficient staff on duty with appropriate skill mix to meet the needs of the residents, taking into account the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training appropriate to their role. This included infection prevention and control, manual handling, safeguarding and fire safety.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents contained all the information specified in paragraph three of Schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

The inspector found that the records set out in Schedules 2, 3 and 4 were kept in the centre, and that they were available for inspection on the day of the inspection.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that there were effective governance arrangements in the centre. There was a clearly defined management structure in place with identified lines of authority and accountability. There were sufficient resources available and the provider had appropriate management systems in place to ensure the service delivered was effectively monitored.

Judgment: Compliant

Regulation 24: Contract for the provision of services

The provider ensured each resident was provided with a contract for the provision of services, in line with regulatory requirements.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies required by Schedule 5 of the regulations were in place and updated, in line with regulatory requirements.

Judgment: Compliant

Quality and safety

The inspector observed that residents living in this centre received care and support that was of a very good standard, which ensured that they were safe, and that they could enjoy a good quality of life. Residents were complimentary about the service, and confirmed that their experience of living in the centre was positive. Care delivery was observed to be evidence-based and person-centred. Staff were respectful and courteous with residents.

The findings of the inspection were that the provider had taken action to comply with the regulations in respect of individual assessment and care planning, infection control, premises and residents' rights.

Nursing staff were knowledgeable regarding the care needs of the residents. Each resident had a comprehensive assessment of their health and social care needs prior to admission, to ensure the centre could provide the appropriate level of care and support. Following admission to the centre, a range of clinical assessments were carried out, using validated assessment tools, to identify areas of risk specific to each resident. The outcomes were used to develop an individualised care plan for each resident which addressed the residents' abilities and assessed needs. The inspector reviewed a sample of six residents' files and found that care plans were sufficiently detailed to guide care, and that the information was holistic and person-centred. Care plans were initiated within 48 hours of admission to the centre, and reviewed every four months, or as changes occurred in line with regulatory requirements. There was evidence that the person-centred information contained within the care plans was gathered through consultation with the residents. Daily progress notes demonstrated good monitoring of residents' care needs.

Residents were provided with access to appropriate medical care, with residents' general practitioners providing on-site reviews. Residents were also provided with access to other health care professionals, in line with their assessed need.

There were a small number of residents who required the use of bedrails and the inspector found that there was appropriate oversight and monitoring of the

incidence of restrictive practices in the centre. Records reviewed showed that appropriate risk assessments had been carried out.

All areas of the centre were observed to be very clean and tidy and the premises was well maintained on the day of the inspection. Cleaning schedules were in place and equipment was cleaned after each use.

Fire procedures and evacuation plans were prominently displayed throughout the centre. There were adequate means of escape, and all escape routes were unobstructed, and emergency lighting was in place. Firefighting equipment was available, and serviced, as required. Staff were knowledgeable about what to do in the event of a fire.

Residents were free to exercise choice about how they spent their day. Residents had the opportunity to meet together and discuss management issues in the centre including management structure, activities, laundry and complaints. Residents had access to an independent advocacy service.

Regulation 11: Visits

The inspector observed visiting being facilitated in the centre throughout the inspection. Residents who spoke with the inspector confirmed that they were visited by their families and friends.

Judgment: Compliant

Regulation 12: Personal possessions

Residents living in the centre had appropriate access to, and maintained control over, their personal possessions.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre was suitable for the number and needs of the residents accommodated there.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents had access to adequate quantities of food and drink, including a safe supply of drinking water. A varied menu was available daily providing a range of choices to all residents including those on a modified diet. Residents were monitored for weight loss, and were provided with access dietetic services when required. There were sufficient numbers of staff to assist residents at mealtimes.

Judgment: Compliant

Regulation 26: Risk management

The centre had an up to date comprehensive risk management policy in place which included the all of required elements, as set out in Regulation 26.

Judgment: Compliant

Regulation 27: Infection control

The centre had procedures in place for the prevention and control of healthcare-associated infections. Staff had access to and completed appropriate infection prevention and control training. There was adequate personal protective equipment and hand sanitisers available throughout the centre. Good practices were observed with hand hygiene procedures and appropriate use of personal protective equipment.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had fire safety management systems in place to ensure the safety of residents, visitors and staff.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents had up-to-date assessments and care plans in place. Care plans were person-centred and reflected residents' needs and the supports they required to maximise their quality of life.

There was evidence of ongoing discussion and consultation with residents, and when appropriate, their families.

Judgment: Compliant

Regulation 6: Health care

Residents had timely access to medical assessments and treatment by their General Practitioners (GP), and the person in charge confirmed that GPs were visiting the centre as required.

Residents also had access to a range of allied health care professionals such as physiotherapist, occupational therapist, dietitian, speech and language therapy, tissue viability nurse, psychiatry of later life, and palliative care.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The provider promoted a restraint-free environment in the centre, in line with local and national policy. The provider had regularly reviewed the use of restrictive practises to ensure appropriate usage.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were upheld in the designated centre. The inspector saw that residents' privacy and dignity was respected. Residents told the inspector that they were well looked after and that they had a choice about how they spent their day.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
What residents told us and what inspectors observed	
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant